

ARKANSAS DEPARTMENT OF HUMAN SERVICES
Division of Child Care &
Early Childhood Education
Child Care Assistance Application

FOR OFFICE USE: Date Rec'd _____
Initial Application _____ Reevaluation _____
Approved _____ Denied _____ Waiting List _____
1 or 2 Parent Household _____

CASEHEAD INFORMATION

NAME: _____ SSN: _____
ADDRESS: _____ HOME PHONE: _____
CITY: _____ STATE: _____ WORK PHONE: _____
COUNTY: _____ DOB: _____ RACE: _____ SEX: _____
ZIP: _____ SCHOOL DISTRICT WHERE YOU LIVE: _____
HIGHEST GRADE YOU HAVE COMPLETED: (CIRCLE ONE) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
ESTIMATED DISTANCE YOU LIVE FROM THE COUNTY DHS OFFICE: _____ MILES
CURRENTLY RECEIVING TANF **YES NO** TEA PARTICIPANT: **YES NO**

HOUSEHOLD INFORMATION

LIST ALL OTHER HOUSEHOLD MEMBERS: (use an additional sheet if necessary)

SSN	NAMES (LAST, FIRST, MI)	BIRTHDATE	RACE	SEX	RELATIONSHIP

DOES YOUR FAMILY RECEIVE FOOD STAMPS: YES NO (CIRCLE ONE)

DOES YOUR FAMILY RECEIVE HOUSING ASSISTANCE: YES NO (CIRCLE ONE)

\$ _____
\$ _____

INCOME

LIST GROSS INCOME (BEFORE TAXES) FOR ALL HOUSEHOLD MEMBERS:

DO YOU OR ANY HOUSEHOLD MEMBER RECEIVE:	YES	NO	IF YOU CHECKED YES, LIST:	GROSS AMOUNT \$	HOW OFTEN RECEIVED
EARNED INCOME					
SELF EMPLOYMENT					
TANF					
SSI					
CHILD SUPPORT/ALIMONY					
SOCIAL SECURITY / VA					
UNEMPLOYMENT					
WORKERS COMPENSATION					
GRANT/LOAN, SCHOLARSHIP					
INTEREST FROM SAVINGS					
OTHER INCOME					
MONTHLY HOUSEHOLD TOTAL				\$	

Proof of income/enrollment must be provided: bring in your last 4 check stubs or a statement from your employer listing your gross income. If enrolled in school, bring in registration, class schedule, award letters, and last semester's grades.

ARKANSAS DEPARTMENT OF HUMAN SERVICES
Division of Child Care & Early Childhood Education
Child Care Assistance Application

ADULT HOUSEHOLD INFORMATION								
LIST ALL ADULTS (OVER 18):	NAME OF EMPLOYER OR SCHOOL ATTENDING:	HOURS WORKING OR ATTENDING SCHOOL						
		SUN	MON	TUE	WED	THUR	FRI	SAT

RESOURCES					
YOU MUST REPORT ALL RESOURCES TO WHICH MEMBERS OF YOUR HOUSEHOLD HAVE ACCESS, ARE BUYING OR OWN.					
DO YOU OR ANY HOUSEHOLD MEMBER HAVE:	Yes	No	OWNER'S NAME	TOTAL VALUE	OTHER
CASH ON HAND				\$	
SAVINGS ACCOUNTS				\$	BANK:
CHECKING ACCOUNTS				\$	BANK:
STOCKS, BONDS, IRA'S				\$	SPECIFY:
CARS/TRUCKS (1)				\$	MAKE/MODEL:
(2)				\$	MAKE/MODEL:
(3)				\$	MAKE/MODEL:
BOATS/TRAILERS				\$	SPECIFY:
MOTORCYCLES				\$	SPECIFY:
ALL TERRAIN VEHICLES				\$	SPECIFY:
REAL ESTATE (Other than your home)				\$	LOCATION:
OTHER				\$	DESCRIBE:

I declare under penalty of perjury that the information I have provided is true and correct.
 I understand that all information provided is subject to verification.

Signature of Casehead

Date of Signature

CHILD CARE INFORMATION								
STATE BRIEFLY THE REASON YOU NEED CHILD CARE SERVICE:								
LIST ALL CHILDREN THAT NEED CHILD CARE SERVICES:	PROVIDER'S NAME (IF ONE HAS BEEN SELECTED)	DAYS AND HOURS CHILD CARE NEEDED						
		SUN	MON	TUE	WED	THUR	FRI	SAT

RELATED TO YOU? YES NO (CIRCLE ONE) RELATIONSHIP _____

NO. OF HOURS (AVERAGE) YOU WILL NEED CHILD CARE EACH WEEK? _____ HOURS

ARKANSAS DEPARTMENT OF HUMAN SERVICES
Division of Child Care & Early Childhood Education
Child Care Assistance Application

RIGHTS AND RESPONSIBILITIES

Please read this section carefully before you sign this application.

I understand that I must help establish my eligibility by providing as much information as I can about my circumstances. Providing false information is subject to penalty under the law. If providing false information causes overpayment of child care, those overpayments will be recovered from me by the Department of Human Services.

I authorize the Division of Child Care & Early Childhood Education to obtain information from other State Agencies and other sources to confirm the accuracy of my statements. I hereby waive the confidentiality of my name and Social Security Number so that information may be furnished to employers, government agencies, and any other parties deemed necessary by the Child Care Eligibility Unit if needed to verify my income, resources, and need for child care assistance.

I understand that no person will be denied child care services on the grounds of race, color, sex, age, disability, religion, national origin or political belief.

I must have, or have applied for, a Social Security card for each person in my household.

I have the responsibility to pay my portion of the daily rate to the child care provider on a timely basis. Services can be terminated for non-payment of parent's fee.

If my application for child care assistance is denied, or my case is closed, I have the right to request an internal review, and then appeal the decision by filing a request in writing to: Arkansas Department of Human Services, Child Care Eligibility Unit, P.O. Box 1437, Slot 604, Little Rock, Arkansas 72203-1437.

I understand that my application can be dropped from the waiting list after one year if services cannot be provided within that time frame. I understand that my position on the waiting list, the fact that I am placed on a waiting list, or that my application is deleted from the waiting list after one year are not appealable matters. I understand that any children born or added to this household after this case is approved will be placed on the waiting list for my county and added to the assistance case on a first come, first serve basis.

I understand that if I am on the waiting list, I must report changes in my mailing address to the Child Care Eligibility Specialist for my County.

I understand I must be receiving or agree to pursue child support from the absent parent(s) of children for whom I receive day care.

ARKANSAS DEPARTMENT OF HUMAN SERVICES
Division of Child Care & Early Childhood Education
Child Care Assistance Application

I understand if I am attending school past the high school level, I must maintain a "C" average in order to continue receiving child care assistance.

AGREEMENT: After I am determined eligible, I agree to report all changes that may affect my eligibility within five (5) days to the Child Care Eligibility Specialist. Changes include but are not limited to:

Change of Address; Change in Household Members;
Change in Employment (job change); Change in Training or Education Program;
Change in Income (increase/decrease); Change in Child Care Needs;
Change in Child Support; Reduction in hours when enrolled in school;
Change in Child Care Facility (1 week advance written notice is required).

With my signature below, I certify that I have read and fully understand my Rights and my Responsibilities. I have been given a copy of my Rights and Responsibilities, and they have been explained to me.

Signature of Applicant

Date

-County Use-

Provided consumer education material: Yes _____ No _____

ALTERNATIVE FORMAT STATEMENT

This information is available in different formats such as: large print, audio tape, etc. If you need another format contact the Division's ADA Coordinator at 682-8838 or TDD 682-1442.

Return completed application/report changes to:

